

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

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Item 19, Page 3

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

VI. Recipient Eligibility Requirements for Targeted Populations

Case management providers must ensure that recipients of Medicaid funded targeted case management services are Medicaid eligible and meet the additional eligibility requirements specific to the targeted population. With respect to Infants and Toddlers With Special Needs, this determination is made through the Multidisciplinary Evaluation (MDE) process and is not the responsibility of the case management/family service coordination agency. The eligibility requirements for each targeted population are listed below:

A. Mentally Retarded/Developmentally Disabled Individuals

Participants in the MR/DD waiver are eligible to receive MR/DD case management services.

B. Infants and Toddlers with Special Needs

1. Eligibility is limited to recipients who meet the following conditions:

- (a) a documented established medical condition determined by a licensed medical doctor. In the case of a hearing impairment, licensed audiologist or licensed medical doctor must make the determination;

OR

- (b) a developmental delay in one or more of the following areas:
 - Cognitive development
 - Physical development, including vision and hearing eligibility must be based on a documented diagnosis made by a licensed medical doctor (vision) or a licensed medical doctor or licensed audiologist (hearing)
 - Communication development
 - Social or emotional development

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■ Adaptive development

The determination of a developmental delay must be made in accordance with applicable federal regulations and ChildNet policies and procedures.

C. High-Risk Pregnant Women

1. Pregnancy must be verified by a licensed physician, licensed primary nurse associate, or certified nurse midwife;
2. Reside in the metropolitan New Orleans area including Orleans, Jefferson, St. Charles, St. John and St. Tammany parishes;
3. Be determined high risk based on a standardized medical risk assessment. A medical risk assessment (screening) must be performed by a licensed physician, a licensed primary nurse associate, or a certified nurse-midwife to determine if the patient is high risk. A pregnant woman is considered high risk if one or more risk factors are indicated on the form used for risk screening. Providers of medical risk assessment must use the standardized form approved by DHH.
4. Must require services from multiple health, social, informal and formal service providers and is unable to access the necessary services.

D. HIV Infected

1. Written verification of HIV infection by a licensed physician or laboratory test result is required.
2. The adult recipient (age 21 or older) must have reached, as documented by a physician, a level 70 on the Karnofsky scale (or

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cares for self but is unable to carry on normal activity or do active work) at some time during the course of HIV infection.

3. The pediatric recipient (under age 21) must display symptoms of illness related to HIV infection.
4. All recipients must require services from multiple health, social, informal and formal service providers and be unable to access the necessary services.

E. EPSDT Recipients on MR/DD Waiver Waiting List

1. EPSDT recipients between the ages of zero (0) and twenty-one (21) who meet one of the following criteria:
 - a. be on the MR/DD waiver waiting list on or after October 20, 1997, and have passed the Office for Citizens with Developmental Disabilities (OCDD) Diagnosis and Evaluation (D&E) process by the later of: October 20, 1997 or the date they were placed on the MR/DD waiver waiting list; or
 - b. be on the MR/DD waiver waiting list on or after October 20, 1997, but who did not have a D&E by the later of: October 20, 1997 or the date they were placed on the MR/DD waiver waiting list. Those in this group who subsequently pass or passed the D&E process are eligible for these targeted case management services. Those who do not pass the D&E process, or who are not undergoing a D&E may still receive case management services if they meet the definition of a person with special needs. Special needs is defined as a documented, established medical condition, as determined by a licensed physician, that has a high probability of resulting in a developmental delay or that gives rise to a need for multiple medical, social, educational and other services. In the case of

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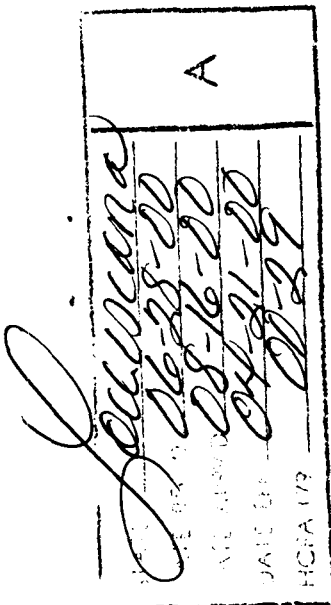
AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
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a hearing impairment, the determination of special needs must be made by a licensed audiologist or physician.

2. Documentation that substantiates that the EPSDT recipient meets the definition of special needs includes but is not limited to:
 - a. receipt of special education services through the state or local education agency; or
 - b. receipt of regular services from one or more physicians; or
 - c. receipt of or application for financial assistance such as SSI because of a medical condition, or the unemployment of the parent due to the need to provide specialized care for the child; or
 - d. a report by the recipient's physician of multiple health or family issues that impact the recipient's ongoing care; or
 - e. a determination of developmental delay based upon the Parents' Evaluation of Pediatric Status, the Brignance Screens, the Child Development Inventories, Denver Developmental Assessment, or any other nationally recognized diagnostic tool.

F. First Time Mothers

1. A recipient must not be beyond the 28th week of pregnancy and must attest that she meets one of the following definitions of a first-time mother in order to receive case management services:
 - a. is expecting her first live birth, has never parented a child and plans on parenting this child; or



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- b. is expecting her first live birth, has never parented a child and is contemplating placing the child for adoption; or
 - c. has been pregnant, but has not delivered a child because of an abortion or miscarriage; or
 - d. is expecting her first live birth, but has parented stepchildren or younger siblings; or
 - e. had previously delivered a child, but her parental rights were legally terminated within the first six months of that child's life; or
 - f. has delivered a child, but the child died within the first six months of life.
2. Recipient must reside in the Department of Health and Hospitals (DHH) designated administrative regions of Thibodaux (Region III), Lafayette (Region IV), Lake Charles (Region V), and Monroe (Region VIII).
3. A physician's statement, medical records, legal documents, or birth and death certificates will be required as verification of first-time mother status.

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ITEM 19.b. Page 1

MITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial SPECIAL TUBERCULOSIS-RELATED SERVICES UNDER
1902(z)(1), (2), Care and Services SECTION 1902(Z)(2) OF THE ACT
(10) and (19) of Item 19.b.
the Act
OBRA 1993,
P.L.103-66,
Section 13603

I. Comparable Services Provided

The following state plan services are available for persons eligible under Section 1902(z)(1) of the Act in the same amount, duration, and scope as they are available for the categorically needy, but are available only if they relate to the treatment of tuberculosis:

- A. prescribed drugs;
- B. physicians' services and services described in Section 1902(a)(2) of the Act (outpatient hospital services, rural health clinic services, and Federally Qualified Health Center services);
- C. laboratory and X-ray services, including services to diagnose and confirm the presence of infection; and
- D. clinic services.

II. Services Not Covered

Services involving payment for room and board are not available to persons eligible under Section 1902(z)(1) of the Act. Services not available include but are not limited to inpatient hospital services and nursing facility services.

III. Specialized Service Provided

Directly Observed Therapy consists of observation in the home or Tuberculosis Control Center by a health care professional to assure that medication is taken. A typical administration schedule consists of once a day for the first 14 days, and twice a week thereafter until arrested, typically between six months and one year.

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MITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial IV. Persons Eligible for Directly Observed Therapy

1902(z)(1), (2), Care and Services
(10) and (19) of Item 19.b. (cont'd)
the Act
OBRA 1993,
P.L.103-66,
Section 13603

Persons who meet all the following criteria may receive Directly Observed Therapy:

- A. Medicaid Eligible. Persons eligible under Section 1902(z)(1) of the Act and TB-infected persons who are eligible for Medicaid payment for services under other mandatory or optional provisions may receive Directly Observed Therapy. Persons eligible only for payment of Medicare cost sharing amount (QMBs and SLMBs) are not eligible for Medicaid reimbursement for TB-related services.
- B. Non-Compliant. The patient has demonstrated to the satisfaction of the treating physician that direct observation by a health care professional is necessary to complete the regimen of treatment.

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STATE OF LOUISIANAAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

<u>Citation</u>	<u>Medical and Remedial Care and Services</u>	<u>Eligible pregnant women are</u>
1902(e)(5) of the Act, P.L. 99-272 (Section 9501)	Item 20.a.	automatically eligible for all Title XIX covered services.

In addition, Louisiana has opted to provide risk assessments to pregnant women meeting high-risk pregnancy criteria. Such assessments include social, medical, and nutritional factors, and are completed by an interdisciplinary team of appropriate professionals.

Prenatal care may be provided by a physician, prenatal health care clinic, or a nurse-midwife. There is no service limitation for medically necessary follow-up prenatal care once the pregnancy is medically established. One initial prenatal visit and one post-partum visit per pregnancy are allowed.

EPSDT recipients are excluded from service limits.

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HCFA 179 <u>90-19</u>	

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ATTACHMENT 3.1-A
Item 23

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

Citation
1902(e)(5) of the Act
P.L. 99-272
(Section 9501)

MEDICAL AND REMEDIAL CARE AND SERVICES
Item 23

PEDIATRIC OR FAMILY NURSE PRACTITIONERS'
SERVICES:

Services may be provided by an individual who:

- ▶ is a licensed registered nurse;
- ▶ is certified by the Louisiana State Board of Nursing as Primary Nurse Associate (also known as nurse practitioner);

and

- ▶ has filed credentials with the Louisiana State Board of Nursing indicating an area of specialization in pediatrics, maternal and child health, neonatology, or general practice.

Certified pediatric or family nurse practitioners services are those services performed within the scope of practice for the appropriate certification as defined by State law and regulations.

Services provide by a certified pediatric or family nurse practitioner shall be counted toward the applicable limitations specified for physician services in Item 5.

A certified pediatric or family nurse practitioner may be reimbursed directly even though under the supervision of a physician or other health care provider.

A certified pediatric or family nurse practitioner may not be reimbursed directly when claims for the same services are included in a physician's or other health care provider's bill.

EPSDT eligibles are excluded from these limits.

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Item 11

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Attachment 3.1-A
Item 24.a. Page 1

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

<u>CITATION</u>	Medical and Remedial Care	<u>Any Other Medical Care and Any Other Type of Remedial Care</u>
42 CFR	and Services	<u>Recognized Under State Law and Specified by the Secretary</u> are
440.170	Item 24. a.	limited as follows:

I. Emergency Medical Transportation

A. Coverage

The Bureau of Health Services Financing (hereinafter sometimes referred to as "the Bureau") makes payment to providers of emergency medical transportation services when provided for unforeseen circumstances which apparently demand immediate attention at a hospital under the following conditions:

to prevent serious impairment or loss of life;

a mental patient is unmanageable or needs restraint;

a patient has a medical condition such as possible heart attack, coma, hemorrhage, loss of consciousness, or a debilitating condition;

transfer of patient requiring the administering of IV fluids; or

the patient would be susceptible to injury using other methods of transportation.

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HCFA 179	<u>94-30</u>	

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